

# SPRING TRAVEL BASEBALL TRYOUTS

SPONSORED BY WO PAL



OPEN TO ALL WEST ORANGE  
RESIDENTS AGES 7-14

**AGES 7-11**

MON, TUES, THURS: NOV. 28, 29, AND DEC. 1

**TRYOUTS AT WOHS TARNOFF (NEW) GYM 7-8:15PM**

**AGES 12-14**

MON, TUES, THURS: NOV. 14, 15, AND 17

**TRYOUTS AT DEGNAN 6-8PM**

**MAKEUPS (ONLY FOR THOSE WHO DID NOT TRY OUT DURING THE WEEK)**

**AGES 7-11: SUNDAY DEC. 4 at WOHS PVW (OLD) GYM 6:30-8PM**

**AGES 12-14: SUNDAY NOV. 20 at DEGNAN 6-8PM**

## COMPLETE AND BRING WITH YOU TO SIGNUPS

**WO PAL Consent & Waiver Form: Program: SPRING TRAVEL BASEBALL**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Best Email: \_\_\_\_\_

Parent #2: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Best Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Best Phone#: \_\_\_\_\_

Spring Break/Vacation Plans/Other Spring Commitments: \_\_\_\_\_

**IF SELECTED TO A TRAVEL BASEBALL TEAM, I UNDERSTAND THERE IS A SERIOUS COMMITMENT FOR BOTH PARENTS AND PLAYERS.  
PLAYERS ARE EXPECTED TO ATTEND ALL PRACTICES AND GAMES. NO REFUNDS.**

I give my permission for my child to participate in the WO PAL program designated above. I verify that the applicant is in good health and able to participate in vigorous activities. I hereby release the West Orange PAL, WO Board of Ed, the Township of WO, their organizations, servants, officers, volunteer affiliates and employees from any and all claims of action whatsoever arising out of participation in the above designated program. I understand that the parent and/or guardian is solely responsible for accidental, medical or dental expenses incurred as a result in participation in the above designated program. In the event of illness or injury to the applicant, I grant program staff permission to provide emergency medical care.

Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_